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The Delivery System Reform Incentive Payment (DSRIP) program is a key element of many 1115 Medicaid demonstration waivers that have been approved in eight states. It is designed to achieve the Triple Aim by incentivizing health care providers to increase access to care and improve population health outcomes for low-income patients. Participating health care organizations must achieve prescribed milestones and clinical outcomes for a suite of projects to draw down federal dollars that require a deliberate, strategic and coordinated effort across various stakeholders. This piece focuses on (1) lessons learned for launching a Project Management Office (PMO); (2) how a PMO can support successful DSRIP project implementation and (3) the role of a PMO as the key driver in managing projects of any complexity in an efficient and structured manner.



## Commitment from Leadership

A PMO's structure and development can vary considerably from organization to organization. While there is no one-size-fits-all approach to PMO development, one common and fundamental characteristic that all successful PMOs share is a strong commitment from executive leadership. It is important to obtain leadership buy-in from the beginning by communicating the value that a PMO contributes to the organization and how it aligns with overall organizational strategy. This is fairly straightforward in the context of DSRIP, as the key drivers of most health care organizations are to deliver quality services to patients while also maintaining a positive bottom line. DSRIP is a financing mechanism that affords providers the opportunity to achieve these goals, and launching a PMO can serve as the backbone and precipitating force to support organizations in bringing these goals to fruition.

## Team Development and Composition

There is no standard, linear path to organizational PMO staffing, but it typically occurs in one of two ways (or a combination of the two):

1. Internal recruitment – company leadership reviews their organizational chart to identify and determine individuals believed to be best suited to work within the PMO and plan how their current role can be backfilled or transitioned to other staff.
2. External recruitment – the company recruits and hires individuals external to the organization.

Regardless of the recruitment approach, role definition and outlining clear expectations for each PMO staff member early on will help avoid potential confusion over responsibilities as the demonstration year progresses.

At a minimum, there should be a PMO team lead to oversee day-to-day operations. In our experience, one project manager can be assigned to three to five projects of moderate complexity. More complex, high-risk, or high-value projects may require a single, dedicated project manager. At the outset of planning for staffing the PMO, leadership should assess and rank projects along each of those dimensions. Additional factors to consider include clinical, operational and technical requirements. Projects that will require a lot of coordination with external partners and service providers should also be identified, as those will require a project manager skillful in engaging stakeholders and managing vendors.

Since the majority of DSRIP projects are clinical in nature, some of the selected PMO staff should have clinical backgrounds. Their knowledge of clinical operations and patient care delivery will be valuable across all project management stages – from planning to implementation to monitoring and controlling. Additionally, PMO staff should possess a proficiency in fundamental project management skills with a demonstrated capability to manage a project's scope, schedule, risks and budget. Health care organizations may require candidates to already possess proven project management experience or certified credentials prior to bringing them onboard to the PMO, or elect to provide formal training based on the accepted Project Management Institute's Project Management Body of Knowledge (or other project management framework) to all PMO staff. Irrespective of the onboarding approach, it is critical for the organization to foster a vibrant community of practice within the PMO that offers mentoring, assessment, opportunities for collaboration and sharing of best practices and lessons learned to support continuous improvement of the DSRIP project portfolio.

#### Process Development and Adoption

One of the hallmarks of an effective PMO is the establishment and adoption of standard tools and templates to facilitate effective project management – particularly pertinent when preparing and managing DSRIP reporting documentation to be submitted to the state or CMS. A core set of tools and processes should be established early on in the roll-out of the DSRIP PMO, but may certainly change as the needs of the PMO evolve. PMO core tool sets will vary from organization to organization based on team requirements, resource availability and organizational context but should, at a minimum, share the following characteristics:

- *Transparency*: building transparent tools and processes facilitates open lines of communication and a common understanding of the overall project status of the current DSRIP portfolio across the PMO. Each PMO team member should be able to articulate the purpose, location, and use case for each tool or process that the PMO has adopted. For example, a PMO could agree on centralized and standard file locations and file path structures in their shared network drive, where DSRIP documentation is stored, that would facilitate a smoother onboarding process in the event of unanticipated staffing changes. Additionally, implementing visual task boards – either physical or virtual – to indicate the team's activities, current status and key blockers facilitates a consistent and transparent understanding across the PMO of all DSRIP projects.
- *Standardization*: establishing a standard approach to the development and management of DSRIP documentation across all projects will not only help ensure uniform and consistent documentation presentation, but also support a more efficient preparation and review process by the project managers and PMO leadership, respectively. Spending time early on in the demonstration year to create standard templates and reporting guidance, and to thoroughly train PMO staff on routinizing those tools, will be a valuable investment as the year progresses and project managers are continuously collecting and drafting their project documentation for submission.
- *Knowledge Sharing*: having a tool that enables user friendly and expedient access to pertinent project information such as status updates, metric dashboards, risk management activities, meeting notes, or other documentation materials facilitates knowledge sharing and transparency throughout the PMO. For

instance, implementing a Wiki site – an online virtual collaboration and social content creation platform – can enable the tracking and sharing of information across key stakeholders.

### Bridging the Gap

As we have worked with our clients to develop their PMO capabilities, we have seen them benefit from these practices. We know that there is often confusion in the beginning of project implementation, and we help our clients ease the transition by guiding them through the process of identifying and prioritizing their project management requirements, staffing and training their PMO teams, and standardizing and promoting a shared toolset. COPE Health Solutions can assist your organization to assess your current project management capability, and develop a clear vision and operational plan to implement your Project Management Office. Through our partnership, we will build a PMO that is both integrated with your organizational strategy and will drive the management of your DSRIP project portfolio.

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